

## APPENDIX B

<b>TRANSMITTAL FORM</b> The proponent of this form is CAMP-SB. See CAL PAM 40-2 for complete instructions.						
<input checked="" type="checkbox"/> Line of Duty <input type="checkbox"/> Incapacitation <input type="checkbox"/> Death <input type="checkbox"/> Medical Bills <input type="checkbox"/> Other						
Office of the Adjutant General State Military Forces ATTN: CAMP-SB P. O. Box 214405 Sacramento, CA 95821-0405	From:    HHB, 2d Bn 144th FA 260th W. Huntington Drive Arcadia, CA 91006-3401					
Date:    8 May 89	POC:    SGT Tirzah Bond, Unit Clerk	Phone:    (818) 447-1147				
<p>USAGE: All source documents sent to Support Branch are logged in and out to provide control at all levels and to furnish an audit trail.</p> <p>INSTRUCTIONS TO COMPLETE FORM: Check-off inventory items attached and obtain signature of BN or MACOM Administrative Officer (AO). Forward to OTAG, ATTN: CAMP—SB Box #20. Special Instructions are provided on the reverse side of this form. See CAL PAM 40-2 for complete instructions.</p>						
SOLDIER'S NAME:    DOE, John J.    PFC                                SSN: 001-22-0345                                DOI: 23 Apr 89						
<div style="text-align: center;">DOCUMENT INVENTORY FOR LOD:</div> <table style="width: 100%; border: none;"> <tr> <th style="text-align: center; width: 50%;">INFORMAL LOD</th> <th style="text-align: center; width: 50%;">FORMAL LOD</th> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> CAL ARNG Form 40-2  <input checked="" type="checkbox"/> CAL ARNG Form 2173  <input checked="" type="checkbox"/> Injured Soldier's Statement                      (DD Form 2823) #1  <input checked="" type="checkbox"/> Witness Statement(s)                      (DD Form 2823) #1  <input checked="" type="checkbox"/> Medical Treatment Records                      (CAL NG Form 40-6-2) #8    <input checked="" type="checkbox"/> AT Orders/IDT Training                      Schedule #6  <input type="checkbox"/> Other Documents #2         </td> <td style="vertical-align: top; padding: 5px;"> <input type="checkbox"/> CAL ARNG Form 40-2  <input type="checkbox"/> DD Form 261  <input type="checkbox"/> Order Appointing Investigating                      Officer.  <input type="checkbox"/> CAL ARNG Form 2173  <input type="checkbox"/> Letter of Adverse Personnel Action #7  <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1  <input type="checkbox"/> Witness Statement(s)                      (DD Form 2823) #1  <input type="checkbox"/> Medical Treatment Records                      (CAL NG Form 40-6-2)  <input type="checkbox"/> DA Form 3881 Rights Warning #3  <input type="checkbox"/> Accident/Police Report #4  <input type="checkbox"/> Map (showing direct route)                      (As Required)  <input type="checkbox"/> AT Orders/IDT Training                      Schedule #6         </td> </tr> </table> <div style="margin-top: 10px;"> <div style="text-align: center;">ADMINISTRATIVE LOD</div> <input type="checkbox"/> CAL ARNG Form 40-2  <input type="checkbox"/> CAL ARNG Form 2173         </div> <p># See special instructions.            (Refer to reverse side for INCAP and DEATH inventory)</p>			INFORMAL LOD	FORMAL LOD	<input checked="" type="checkbox"/> CAL ARNG Form 40-2 <input checked="" type="checkbox"/> CAL ARNG Form 2173 <input checked="" type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1 <input checked="" type="checkbox"/> Witness Statement(s) (DD Form 2823) #1 <input checked="" type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) #8  <input checked="" type="checkbox"/> AT Orders/IDT Training Schedule #6 <input type="checkbox"/> Other Documents #2	<input type="checkbox"/> CAL ARNG Form 40-2 <input type="checkbox"/> DD Form 261 <input type="checkbox"/> Order Appointing Investigating Officer. <input type="checkbox"/> CAL ARNG Form 2173 <input type="checkbox"/> Letter of Adverse Personnel Action #7 <input type="checkbox"/> Injured Soldier's Statement (DD Form 2823) #1 <input type="checkbox"/> Witness Statement(s) (DD Form 2823) #1 <input type="checkbox"/> Medical Treatment Records (CAL NG Form 40-6-2) <input type="checkbox"/> DA Form 3881 Rights Warning #3 <input type="checkbox"/> Accident/Police Report #4 <input type="checkbox"/> Map (showing direct route) (As Required) <input type="checkbox"/> AT Orders/IDT Training Schedule #6
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<div>Administrative Officer Certification:</div> <p>I certify that I have personally reviewed the attached documents and found them to be correct and complete in accordance to CAL PAM 40-2.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>13 May 1989</p> <p>DATE OF CERTIFICATION</p> </div> <div style="width: 50%; text-align: right;"> <p>Charles T. Travis/MAJ <i>Charles Travis</i></p> <p>PRINT/TYPE NAME/RANK AND SIGNATURE</p> </div> </div>						

## APPENDIX B (continued)

## INCAPACITATION PAYROLL

## 1. Initial Payroll:

- ☐ CAL ARNG Form 40-2
- ☐ CAL NG Form 37-2C
- ☐ CAL ARNG Form 37-9
- ☐ CAL NG Form 37-2H
- ☐ CAL NG Form 37-2E (If required)
- ☐ CAL NG Form 37-2F (If required)
- ☐ Check Stub (If required)
- ☐ CAL ARNG Form 40-6-2/Doctors Statement
- ☐ CAL NG Form 37-D
- ☐ CAL ARNG Form 2173, with approval
- ☐ DA Form 261, with approval
- ☐ AT Order/IDT Training Schedule

## 2. Additional Payrolls

- ☐ CAL NG Form 37-2C
- ☐ CAL ARNG Form 37-9
- ☐ CAL NG Form 37-2H
- ☐ CAL NG Form 37-2E (If required)
- ☐ CAL NG Form 37-2F (If required)
- ☐ Check Stub (If required)
- ☐ CAL ARNG Form 40-6-2 #8

## DEATH CASE

- ☐ CAL ARNG Form 40-2
- ☐ Death Report  
Example AR 10-7  
para 10-7
- ☐ Certified Death Cert.
- ☐ DD Form 93
- ☐ VA Form 29-8286
- ☐ Last three LES
- ☐ MPRJ File #5
- ☐ Statement of pay due
- ☐ Unit Training  
Schedule #6
- ☐ Police Report\*
- ☐ Coroner Report\*

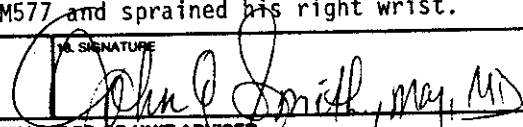

\*Depending on the cause  
of death (gun shot wound,  
auto accident, etc).

## SPECIAL INSTRUCTIONS

1. DD Form 2823 should be used if available. Plain bond or notebook paper can be substituted.
2. Submit other documents as required to assist in the investigation/determination. (physicals, accident reports, maps, etc).
3. Rights warning are required only if soldier is suspected or accused of any offense under the UCMJ.
4. Accident/police report are required if a vehicle accident is directly related.
5. Forward MPRJ unless stored at CAMP-CARE. (Indicate MPRJ's location in comments.)
6. AT Orders/IDT training Schedule are required when on duty status.
7. Letter of notification for not-in-line-of-duty findings and adverse personnel action pending.
8. CAL ARNG Form 40-6-2 must be submitted with each INCAP payroll request. A doctor's medical statement can be substituted in place of the CAL ARNG Form 40-6-2.

## COMMENTS:

## APPENDIX B (continued)

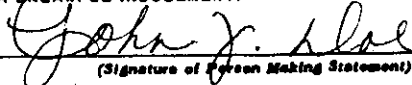
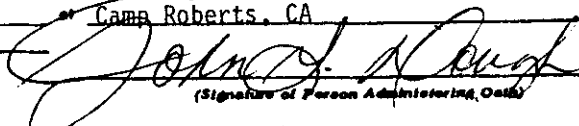
STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS			
For use of this form, see NGR 800-3; the proponent agency is The State Military Department			
THRU: (Include ZIP Code) <b>CHANNELS</b>	TO: (Include ZIP Code) <b>OTAG (CAMP-SB) P.O. Box 214405 Sacramento, CA 95821-0405</b>	FROM: (Include ZIP Code) <b>(818)447-1144 HHB 2d Bn 144th FA 260th W. Huntington Drive Arcadia, CA 91006-3401</b>	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) <b>DOE, John J.</b>		2. SSN <b>001-22-0345</b>	3. GRADE <b>PFC</b>
4. ORGANIZATION AND STATION <b>HHB, 2d Bn 144th FA Arcadia, CA</b>		5. ACCIDENT INFORMATION a. DATE <b>23 Apr 89</b> b. PLACE (City and State) <b>Camp Roberts, CA</b>	
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR			
6. INDIVIDUAL WAS <input checked="" type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL		7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY <b>Silas B. Hayes ACH, Ft. Ord, CA</b>	
8. HOUR AND DATE ADMITTED <b>N/A</b>		9. HOUR AND DATE EXAMINED <b>1530 23 Apr 89</b>	
10. DIAGNOSIS AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain) <b>Sprained Right Wrist</b>			
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY OR DISEASE <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY OR DISEASE <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY (Add basis for opinion in item 15). e. CONDITION <input type="checkbox"/> DID <input checked="" type="checkbox"/> DID NOT EXIST PRIOR TO SERVICE AND <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT AGGRAVATED BY SERVICE.			
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> NONE <input type="checkbox"/> ESTIMATE OF TIME LOSS (Days): <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL		13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD <b>N/A</b>
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) <b>Around 1445 hours, 23 Apr 89, PFC Doe was assisting in field artillery hasty displacement at firing point 20. He fell while loading M577 and sprained his right wrist.</b>			
16. DATE <b>23 Apr 89</b>	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR <b>John Q. Smith, MAJ, MD</b>		
18. SIGNATURE 			
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER			
19. DUTY STATUS <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE		20. HOUR AND DATE OF ABSENCE a. FROM <b>N/A</b> b. TO <b>N/A</b>	
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> ACTIVE DUTY FOR TRAINING <input checked="" type="checkbox"/> INACTIVE DUTY TRAINING		23. HOUR AND DATE OF TRAINING a. BEGAN <b>0600 22 Apr 89</b> b. END <b>1700 6 May 89</b>	
24. MEMBER WAS INJURED OR DIED OF INJURIES OR DISEASE PROCEEDING <input type="checkbox"/> IN A DIRECT ROUTE <input type="checkbox"/> IN AN INDIRECT ROUTE <input type="checkbox"/> TO DUTY <input type="checkbox"/> FROM DUTY.			
25. MODE OF TRANSPORTATION <b>N/A</b>	26. HOUR BEGINNING TRAVEL <b>N/A</b>	27. DISTANCE INVOLVED <b>N/A</b>	28. NORMAL TIME FOR TRAVEL <b>N/A</b>
29. ADDITIONAL INSTRUCTIONS FOR INJURIES OR DEATHS CAUSED BY INJURIES RECEIVED IN ROUTE TO OR FROM TRAINING: INCLUDE MANNER OF TRAVEL, ROUTE FOLLOWED AND POINT OF INCIDENT IN ITEM 30. IF PROCEEDING FROM DUTY, INCLUDE RELEASE TIME AND DESTINATION ALSO.			
30. FINDINGS BASED ON COMMANDER'S INVESTIGATION (Include names, SSNs and addresses of witnesses - continue on reverse if needed). <b>PFC Doe was loading a M577 Command Carrier for hasty displacement from firing point 20 Camp Roberts, CA. During the loading, PFC Doe slipped and fell from the top of the M577, landing on his right side and wrist. SM was evacuated to the Camp Roberts TMC, where it was determined that his right wrist was sprained. IN LINE OF DUTY. SSG Paul W. Spencer, 987-65-4321, witnessed this accident. Address unknown.</b>			
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
33. DATE <b>23 April 1989</b>	34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER <b>CURTIS M. KELLEY, CPT, FA, CDR</b>		35. SIGNATURE 

## APPENDIX B (continued)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.			
LOCATION Camp Roberts, CA	DATE 23 Apr 89	TIME 1600 hrs	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME DOE, John Jay	SOCIAL SECURITY NUMBER. 001-22-0345		GRADE/STATUS PFC
ORGANIZATION OR ADDRESS HHB, 2d Bn 144th FA, 260th W. Huntington Drive, Arcadia, CA 91006-3401			
<p>I, John J. Doe, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p>on 23 Apr 89, at 1445 hours, I was putting my personal gear on the M577 Command Carrier (APC) for a hasty displacement exercise from firing point 20, Camp Roberts, CA. I was carrying two ruck sacks (one on my back and one over my left shoulder) and I was climbing on the top of the M577 to put my gear in the hatch. While climbing up, I lost my footing and slipped and fell from the top to the ground. I fell on my right side and twisted my right wrist trying to break my fall. I have had no previous injury to my right wrist. SSG Spencer was standing near where I landed and called for help. I was transported to the Camp Roberts TMC. END OF STATEMENT</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <i>[Signature]</i>		PAGE 1 OF 2 PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

DA FORM 2823 JUL 72 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

## APPENDIX B (continued)

<p>STATEMENT (Continued)</p>	
<b>AFFIDAVIT</b>	
<p>I, <u>John J. Doe</u> HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE <u>1</u>. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.</p>	
<p>WITNESSES:</p> <p><u>JOHN G. DOUGH</u></p> <p><u>CPT, IN, CAARNG</u></p> <p><u>Investigating Officer</u></p> <p><u>ORGANIZATION OR ADDRESS</u></p>	<p style="text-align: center;">               (Signature of Person Making Statement)           </p> <p style="text-align: center;">             Subscribed and sworn to before me, a person authorized by I w              to administer oaths, this <u>23</u> day of <u>April</u>, 1989              at <u>Camp Roberts, CA</u> </p> <p style="text-align: center;">               (Signature of Person Administering Oath)           </p> <p style="text-align: center;"> <u>JOHN G. DOUGH</u>              (Typed Name of Person Administering Oath)           </p> <p style="text-align: center;">             _____              (Authority To Administer Oaths)           </p>
<p><u>ORGANIZATION OR ADDRESS</u></p>	<p>_____</p>
<p>INITIALS OF PERSON MAKING STATEMENT</p>	<p>PAGE 2 OF 2 PAGES</p>

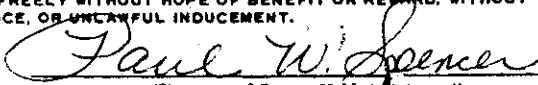
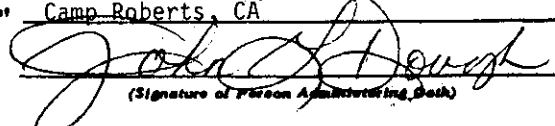
## APPENDIX B (continued)

SWORN STATEMENT			
For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.			
LOCATION Camp Roberts, CA	DATE 23 Apr 89	TIME 1600 hrs	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME SPENCER, Paul William	SOCIAL SECURITY NUMBER. 987-65-4321	GRADE/STATUS SSG/E6	
ORGANIZATION OR ADDRESS HHB, 2d Bn 144th FA, 260th W. Huntington Drive, Arcadia, CA 91006-3401			
<p>I, <u>Paul W. Spencer</u>, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p>On 23 Apr 89 at 1445, I was standing by the M577 Command Carrier (APC) supervising the loading of personal gear for a Hasty Displacement exercise from firing point 20, Camp Roberts, CA. PFC Doe was carrying two ruck sacks to load through the top hatch. He attempted to climb up to the top hatch and lost his footing and fell to the ground. He stated his right wrist was hurt and I summoned help and PFC Doe was transported to Camp Roberts TMC. There was not misconduct involved. END OF STATEMENT</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <i>PNW</i>		PAGE 1 OF <u>2</u> PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF <u>          </u> TAKEN AT <u>          </u> DATED <u>          </u> CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE <u>      </u> OF <u>      </u> PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.</p>			

DA FORM 2823

SUPERSEDES DA FORM 3023, 1 JAN 68, WHICH WILL BE USED.

## APPENDIX B (continued)

STATEMENT (Continued)	
[Large diagonal line across the statement area]	
<b>AFFIDAVIT</b>	
I, <u>Paul W. Spencer</u> HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE <u>1</u> . I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.	
 (Signature of Person Making Statement)	
<b>WITNESSES:</b>	
<u>JOHN G. DOUGH</u> <u>CPT, IN, CAARNG</u> <u>Investigating Officer</u> ORGANIZATION OR ADDRESS	Subscribed and sworn to before me, a person authorized by I w to administer oaths, this <u>23</u> day of <u>Apr</u> , 19 <u>89</u> at <u>Camp Roberts, CA</u>
	 (Signature of Person Administering Oath)
	<u>JOHN G. DOUGH</u> (Typed Name of Person Administering Oath)
	(Authority To Administer Oaths)
ORGANIZATION OR ADDRESS	
INITIALS OF PERSON MAKING STATEMENT	PAGE OF PAGES

## APPENDIX B (continued)

INDIVIDUAL SICK SLIP		DATE
<input type="checkbox"/> ILLNESS <input checked="" type="checkbox"/> INJURY		23 Apr 89
LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
Doe, John J.		HHB, 2 / 144 <sup>th</sup> FA 260 W. Huntington Drive Arcadia, CA 91006-3401
SERVICE NUMBER/SSN	GRADE/RATE	
001-22-0345	PFC / E3	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
Yes		Yes
REMARKS		DISPOSITION OF PATIENT
possible broken (R) wrist - fell off m577 Command Carrier and hurt (R) Side and (R) wrist		<input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input checked="" type="checkbox"/> OTHER (Specify):
		REMARKS
		transport to MTF at FT. Ord for X-RAY
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER
Curtis M Kelley, CPT, FA, Cdr		Adolfo C. Courisat, MD

DD FORM 689  
1 MAR 83

PREVIOUS EDITIONS ARE OBSOLETE.



## APPENDIX B (continued)

NSN 7540-00-634-4176

600-108

[illegible]

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:			
PATIENT'S NAME <i>(Last, First, Middle initial)</i> DOE, JOHN J			SEX M
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE PFC/E3
SPONSOR'S NAME		ORGANIZATION HHB 2/144 FA	
DEPT./SERVICE CA ARNG	SSN/IDENTIFICATION NO. 001-22-0345		DATE OF BIRTH 1966 Sep 4

### CHRONOLOGICAL RECORD OF MEDICAL CARE

**STANDARD FORM 600** (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

## APPENDIX B (continued)

## DISABILITY STATEMENT AND COMPLETE REPORT OF ATTENDING PHYSICIAN

Note to attending physician: Please complete the statement below if this Guard member is incapacitated and cannot perform normal military duties. To help you make that determination, the individual's normal military duties are outlined below:

(to be completed by unit prior to submission to physician)

13F10 Fire Support Specialist

Normal military duties for:

(Service member's MOS)

Consist of the following Be able to walk, run, squat, crawl and fire a weapon.

Be totally able to work with no restrictions in a field environment.

I have examined PFC John J. Doe, 001-22-0345 on 23 April 1989  
(Name and SSN) (Date)

Disabled from 23 April 1989 to 20 May 1989  
(Date) (Date)

Date expected to return to normal military duty: 21 May 1989  
(without limitation)

Cause of disability: Right Wrist Sprain  
(Final Diagnosis)

Type medical treatment furnished: Splint, anti-inflammatory medication,  
limited duty, ice & elevate in evenings

Nature of healing process (prognosis): Good - Full Recovery expected -  
Return To Full Duty 4 weeks.

Is it in the best interest of the Federal Government to continue medical treatment rather than to place the service member before a Medical Evaluation Board? yes X no     

This individual ~~(is)~~ (is not) permanently disabled. If permanently disabled or if temporarily disabled for more than 90 days, the individual ~~(has)~~ (has not) been scheduled for a (Medical Evaluation Board)\* (Physical Evaluation Board)\* in accordance with AR 40-3.

Board date: N/A

Current medical profile:  
(by service physician)

P	U	L	H	E	S
1	T	3	1	1	1

23 April 1989  
(Date Signed)

John Q. Smith, MAJ, MC  
(Physician's Signature)

John Q. Smith, MAJ, MC  
LIC # 28460921

(Typed or printed name of physician  
and medical treatment facility)

\*Strike out inapplicable term

(THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319; 37 USC 204(h); Sections 340 and 341, California Military and Veterans Code.

PRINCIPAL PURPOSES: To verify member's disability caused by service connected injury or disease. To determine final diagnosis. Social Security Number is used for identification.

ROUTINE USES: Used within the California Army National Guard to determine eligibility for disability pay and treatment in a service hospital or at government expense. Used to determine final diagnosis in line of duty investigations and determinations. Used by State Compensation Insurance Fund as an agent of the State of California to verify entitlement to State Compensation when federal benefits are delayed.

DISCLOSURE IS VOLUNTARY: Failure of member or his physician to provide requested information may result in delay in payment for incapacitation or delay in final disposition of member's case (Comp Gen decision #B-185404, 2 Aug 76).

## APPENDIX B (continued)

STATE OF CALIFORNIA  
OFFICE OF THE ADJUTANT GENERAL  
P.O. Box 214405 - 2829 Watt Avenue  
Sacramento, California 95821-4405

PERMANENT ORDERS 62-13

4 November 1988

HHC 1st Bde 40th Inf Div  
HHC 2d Bn 160th Inf  
Det 1 HHC 2d Bn 160th Inf  
Co A 2d Bn 160th Inf  
Co B 2d Bn 160th Inf  
Co C 2d Bn 160th Inf  
Co D 2d Bn 160th Inf  
Det 1 Co D 2d Bn 160th Inf  
Co E 2d Bn 160th Inf  
HHC 3d Bn 160th Inf  
Co A 3d Bn 160th Inf  
Co B 3d Bn 160th Inf  
Co C 3d Bn 160th Inf  
Co D 3d Bn 160th Inf  
Co E 3d Bn 160th Inf  
HHC 1st Bn 185th Armor  
Co A 1st Bn 185th Armor  
Co B 1st Bn 185th Armor  
Co C 1st Bn 185th Armor  
Co D 1st Bn 185th Armor  
HHB 2d Bn 144th FA  
Btry A 2d Bn 144th FA  
Btry B 2d Bn 144th FA  
Btry C 2d Bn 144th FA  
Svc Btry 2d Bn 144th FA  
HHD 40th Spt Bn  
Co A 40th Spt Bn  
Co B 40th Spt Bn  
Co C 40th Spt Bn  
Det 2 Co A 132d Engr Bn  
40th Pers Svc Co

The Army National Guard unit shown and its members are ordered to annual training for the period indicated and will proceed from home station to duty station shown. Upon completion of annual training, return to home station and terminate annual training status.

Authority: NGB Training Authority CA-11 FY 89, 32 USC 503  
and Sections 142 and 368 California Military and Veterans Code  
Duty station: Camp Roberts CA  
Period: 22 Apr - 6 May 89 (15 days including travel time) TDC: 101  
Accounting classification: Off Pay & alw 2192060 18-1004 P1A10.1000-1100,1200 S04376  
Off Tv1 & PD 2192060 18-1004 P1A50.1000-2100 S04376  
EM Pay & alw 2192060 18-1004 P1A30.1100-1100,1200 S04376  
EM Tv1 & PD 2192060 18-1004 P1A60.1100-2100 S04376  
Additional instructions: Payrolls will be accomplished in accordance with  
instructions contained in CAL ARNGR 350-5. Units are authorized group travel  
by commercial charter bus if appropriate. Accounting classification: